

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/529745** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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7						
8						
9						
10						
11						
12						
13	1					
14	1					
15	1					
16	1					
17	1					
18						
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27	1					
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50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	25	↔	25	↔		↔
TOTAL CLAIMS	27		27			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						↓
TOTAL DEP.					↓	↓
TOTAL CLAIMS					↔	↔

BEST AVAILABLE COPY